

*The City provides equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, ancestry, national origin, pregnancy, veteran status, physical handicap, marital status or medical condition.*



**CITY OF SEAL BEACH  
EMPLOYMENT APPLICATION  
EQUAL OPPORTUNITY EMPLOYER**

Office Use Only

Month      Day      Year  
Received by:

POSITION(S) APPLIED FOR: 1. \_\_\_\_\_ 2. \_\_\_\_\_ -

Desired Salary: \$ \_\_\_\_\_ / \_\_\_\_\_ When can you start? \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Have you ever been employed or attended school while using a name other than the one listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the other name(s) and list the appropriate employer(s) or school(s) at which you used a different name.

\_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Are you over 18 years old? \_\_\_\_ Yes \_\_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_\_ Yes \_\_\_\_ No All offers of employment are conditioned upon timely submission of satisfactory evidence of your right to legally work in the United States.

How did you learn of this opportunity? \_\_\_\_ Newspaper \_\_\_\_ Reference \_\_\_\_ Posted Bulletin \_\_\_\_ Other

Have you ever applied for work with the City? \_\_\_\_ Yes \_\_\_\_ No If yes, when and for what position? Explain.

\_\_\_\_\_

Have you ever worked for the City? \_\_\_\_ Yes \_\_\_\_ No If yes, when and for what position? Explain.

\_\_\_\_\_

Are there any hours, shifts or days you cannot or will not work? \_\_\_\_ Yes \_\_\_\_ No Explain.

\_\_\_\_\_

Are you willing to work overtime as required? \_\_\_\_ Yes \_\_\_\_ No Explain.

\_\_\_\_\_

List any friends or relatives working for the City.

If the use of another language is required for the position you are seeking, please list the language(s) you fluently speak and/or write?

If the job you are seeking requires a driver's license, please list the following:

State of Issue: \_\_\_\_\_ License #: \_\_\_\_\_ Class of License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No (A Yes answer will not automatically disqualify or bar you from consideration of employment). List all details of the conviction(s) e.g. offense, dates, sentence, etc. \_\_\_\_\_

Circle the highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

High School last attended (Name and Location ) or from which you graduate? \_\_\_\_\_

Please list college, business, trade, correspondence or other related degrees or courses below:

NAME OF SCHOOL	NUMBER OF YEARS OR SEMESTERS/QUARTERS	MAJOR OR COURSE OF STUDY	DEGREE
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Courses currently being studied: \_\_\_\_\_

CLERICAL AND SECRETARIAL APPLICANTS ONLY:

Typing Speed \_\_\_\_\_ wpm Shorthand Speed \_\_\_\_\_ wpm

Professional Certificates, Licenses, Registration (Include year, state, expiration date) \_\_\_\_\_

Word Processing Skills or Experience: \_\_\_\_\_

MILITARY SERVICE RECORD:

Have you served in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No Branch: \_\_\_\_\_

Dates of duty: from month/year \_\_\_\_\_ to month/year \_\_\_\_\_

Applicable job skills acquired: \_\_\_\_\_

### PREVIOUS EMPLOYMENT

From: Mo.	Year	Name of Current or Most Recent Employer	Phone Number	Position Title
To: Mo.	Year	Address		Duties in Full
Full time ____ Part Time ____	Type of Business Organization			
Monthly Salary:	Supervisor's Name and Title			
Reason for leaving _____ May we contact them? ____				

From: Mo.	Year	Name of Current or Most Recent Employer	Phone Number	Position Title
To: Mo.	Year	Address		Duties in Full
Full time ____ Part Time ____	Type of Business Organization			
Monthly Salary:	Supervisor's Name and Title			
Reason for leaving _____ May we contact them? ____				

From: Mo.	Year	Name of Current or Most Recent Employer	Phone Number	Position Title
To: Mo.	Year	Address		Duties in Full
Full time ____ Part Time ____	Type of Business Organization			
Monthly Salary:	Supervisor's Name and Title			
Reason for leaving _____ May we contact them? ____				

From: Mo.	Year	Name of Current or Most Recent Employer	Phone Number	Position Title
To: Mo.	Year	Address		Duties in Full
Full time ____ Part Time ____	Type of Business Organization			
Monthly Salary:	Supervisor's Name and Title			
Reason for leaving _____ May we contact them? ____				

Remarks or additional information you would like considered by the City: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I certify that the information contained in this application is true and correct to the best of my knowledge. The City may verify any of the statements contained in the application. I authorize the persons listed above to provide the City any and all information concerning my previous employment and any pertinent information that they may possess. I release all parties and persons from any and all liability of such information by the City or any of its agents, employees or representatives.

**Applicant's Signature**

**Date**